



The form which follows is a sample only. To obtain an official copy of this form, please contact the Division of Soil and Water Conservation at:

203 Governor Street, Suite 206
Richmond, Virginia 23219
804.786.2064

**LOCATION OF CONTRACTED COVER CROP ACRES in _____ (COUNTY)
OF _____ SWCD FIRST YEAR OF CONTRACT PERIOD**

Contract Number: _____

Date: _____ **Contract Period:** _____ to _____

Name of Cover Crop participant: _____

Number of Acres of Cover Crop under Three-year Contract (SL-8C) _____

Farm #: _____

Tract #: _____

Field(s) #: _____

Anticipated Planting Date: _____ Crop: _____

Driving Directions _____

SAMPLE

SECOND YEAR OF CONTRACT PERIOD

- ☐ Check here if all cover crops will be planted on exactly the same acres as last year. Cover crops planted on the exact same acreage for 2 years will receive a \$5/acre rate premium over the first year's rate. If Cover Crops are to be relocated to different fields please fill out the following:

Farm #: _____

Tract #: _____

Field(s) #: _____

Anticipated Planting Date: _____ Crop: _____

Driving Directions _____

THIRD YEAR OF CONTRACT PERIOD

- ☐ Check here if all cover crops will be planted on exactly the same acres as last year. Cover crops planted on the exact same acreage for 3 years will receive a \$5/acre rate premium over the first year's rate. If Cover Crops are to be relocated to different fields please fill out the following:

Farm #: _____

Tract #: _____

Field(s) #: _____

Anticipated Planting Date: _____ Crop: _____

Driving Directions _____